

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

**10/550127**

Serial No. FILING DATE  
Applicant(s)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51						
3							52						
4							53						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	18		16				TOTAL DEP.						
TOTAL CLAIMS	19		17				TOTAL CLAIMS						